

**MEDFORD FIRST CHURCH OF THE NAZARENE**  
1974 E. McAndrews Road, Medford, OR (541) 779-7777  
MEDICAL & LIABILITY RELEASE FORM

**STUDENT INFORMATION**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender M / F  
(circle one)

**EMERGENCY INFORMATION**

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**ALTERNATE CONTACT**

Name \_\_\_\_\_ City \_\_\_\_\_ Work Phone \_\_\_\_\_

**DOCTOR**

Name \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Do you have medical insurance? Yes ( ) No ( )

NAME OF MEDICAL INSURANCE CARRIER \_\_\_\_\_

Policy # \_\_\_\_\_ Telephone \_\_\_\_\_

**HEALTH HISTORY**

ALLERGIES: Drug Allergies \_\_\_ Hay Fever \_\_\_ Insects \_\_\_ Other \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

OTHER CONDITIONS: Diabetes \_\_\_ High Blood Pressure \_\_\_ Cardiac \_\_\_ Chronic Asthma \_\_\_\_\_

Physical Disability \_\_\_ Epilepsy \_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Please **do not** administer non prescription medication to my student. Example: aspirin, Advil, Tylenol.

If you have checked any of the above, please give details (include the normal treatment of allergic reaction):

Name and dosage of any medication that must be taken

Activity Restrictions

**NOTE:** Every activity sponsored by First Church is carefully planned and adequately staffed by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in activities sponsored by First Church. The parent also agrees not to hold this organization or its employees or volunteers liable for damages, losses, or injuries to the person named above on this form. The parents or guardian understand that they are signing for the minor listed on this form and their signature is for both medical and liability release.

**MEDICAL AND LIABILITY RELEASE:**

This health history is correct, so far as I know. In the event I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to Medford First Church of the Nazarene to hospitalize, to secure proper treatment and/or to order injections, anesthesia, or surgery for my child as deemed necessary. I realize that I will be contacted at the earliest possible moment in case of such emergency.

This authorization shall remain in effect from **June 1, 2008, through June 1, 2010**, unless revoked in writing and delivered to Medford First Church of the Nazarene.

DATE: \_\_\_\_\_ SIGNATURE OF LEGAL GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE OF LEGAL GUARDIAN: \_\_\_\_\_